



PTO/SB/17 (07-06)
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Under the Paperwork Red		to a collection of information unless it displays a valid OMB control number.						
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/052,411-Conf. #3426 ⁷		
FEE TRANSMITTAL				Filing Date January 23,			02	
For FY 2006				First Named Inventor Jong LEE				
101112000				Examiner Name D. X. Nguye				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2611				
TOTAL AMOUNT OF PAYMENT (\$) 200.00				Attorney Docket No. 0630-1414F				
METHOD OF PAYMENT (check all that apply)								
x Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of x Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	•	G FEES		RCH FEES	EXAMIN	IATION FEES		
A	Fan (\$)	Small Entity	F (#)	Small Entity	Ean (\$)	Small Entity	Food	Dold (\$)
Application Type	<u>Fee (\$)</u> 300	<u>Fee (\$)</u> 150	Fee (\$) 500	Fee (\$) 250	Fee (\$) 200	<u>Fee (\$)</u> 100	rees	<u>Pald (\$)</u>
Utility	200	100	100	50	130	65		
Design					160	80		
Plant	200	100	300	150				· -
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		C
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims							360	180
Total Claims Extra Claims Fee (\$) Fee Paid (\$)					Mo	ultiple Depende	nt Claims	
						e (\$) F	ee Paid (<u>\$)</u>
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
4 -3 = 1 x 200.00 = 200.00								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 (round up to a whole number) x								
4. OTHER FEE(S) Fees Paid (\$)								Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY								
Signature Q. 6.8 C Registration No. 40 953 Telephone (703) 205-8000								5-8000
Name (Print/Type) Esther H. Chong						Date January 5, 2007		
warne (Print/Type) ESTNER I	i. Criong		}			Date	January	J, 2001



Docket No.: 0630-1414P

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Jong LEE

Application No.: 10/052,411 Confirmation No.: 3426

Filed: January 23, 2002 Art Unit: 2611

For: FIXED DELAY TREE SEARCH/DECISION

FEEDBACK EQUALIZER USING ABSOLUTE

VALUE CALCULATION AND DATA

RESTORING METHOD USING THE SAME

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated October 5, 2006, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

01/08/2007 MAHMED1 00000158 10052411

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Examiner: D. X. Nguyen

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